Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

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. Agency Name				Date Stamp	California	802
County of Alameda	-	Form				
Division, Department, or Region (For Official	Use Only			
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name		2 22 27 4 7	2.121			
Crystal Hishida Graff, Clerk, Boa	Amendment (Must provide explanation in Part 3.)					
Area Code/Phone Number E-m	Date of Original Filing:					
Make a control of the state of the second of	untal hishida@aagay	ora		(month, day, year)		
(510) 272-3882 cry Function, Event, or Ceremo	ystal.hishida@acgov.	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic				
. Function, Event, or Gereino	omai Role informat	lion				
Title Disney on Ice			Face \	/alue of Each Adm	ission \$ 32.10	
Description Kids Event	Date(s	s) 03 101 12				
			1050505050			
Ticket(s)/Admission(s) provide	ed by agency? Yes	II No IZ	I If no. Gold	en State Warriors		
Tieket(s)/Admission(s) provide	ca by agency. Tes		11110	Name	e of Source	
Was the distribution to person Yes ☑ No ☐ If yes: .	Lockyer, Nadia- Supervi			,		
res El No El II yes	Official's	Name (Last, I	First) and Title) Es		
The identity of recipient(s)	Official's	Name (Last, I	First) and Title	160		
The identity of recipient(s)	Official's	Name (Last, I	First) and Title	e income box if the agend	맛집에 가장 맛있다면 하다 하다 그렇게 되는 사람이 되었다.	
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